

State of New Mexico  
 Voucher Batch Report  
 BusinessUnit 66500 Department of Health  
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/FCD  
 AsOfDate 10/25/2012  
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount  
 Number Line Line# Description Withhold Year Month

00313610 1 1/S meals & lodging 1 542200 Employee I/S Meals & L 06101 NASH GAYLE-001 2013 10 0000094396 Nash, G. 10-8-10 520.00  
 Total For Voucher 520.00

10-30-12  
 8888206711

Summary Invoice Information Payments Voucher Attributes Error Summary

New Window | Help | Customize Page |

Business Unit: 66500

Invoice Number: Nash, G. 10.8-10.12

Voucher ID: 00313610

Invoice Date: 10/22/2012

Voucher Style: Regular

Total: 520.00

Vendor: NASH, GAYLE C

\*Pay Terms: Pay Now

Schedule Payments

Saved

1190 ST FRANCIS DR N 4100

SANTA FE, NM 87502

Payment Information

Scheduled Payment: 1

\*Remit to: 0000099443

Gross Amount: USD

Location: 001

Discount: USD

Discount Denied

\*Address: 1

Late Charge

NASH, GAYLE C  
1190 ST FRANCIS DR N 4100  
SANTA FE, NM 87502

Scheduled Due: 10/22/2012

Net Due:

Discount Due:

Accounting Date:

Payment Method

\*Bank:

Pay Group:

\*Account:

Handling

\*Method:

\*Netting: N

Message:

Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

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Voucher ID: 00313610

Invoice Date: 10/22/2012

Voucher Style: Regular

Total: 520.00

Voucher Processing

Post Voucher

Close Voucher

☒ Revalue Voucher

Delete Voucher

Accounting Instructions

\*Accounting Template: STANDARD Account At: Gross

Match Action

\*Status: Ready

Pay UnMatched Voucher

Transaction Currency

\*Source: Tables \*Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

\*Approval: Specify at this Level

Business Process: PROCESS\_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

\*SBI Num Option: SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

Saved

AGENCY

NAME DEPARTMENT OF HEALTH

## STATE OF NEW MEXICO

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE

1

DATE

10.08.12

AGENCY

VOUCHER NUMBER

00313610

CODE 66500

NAME

Gayle Nash

CAR LICENSE NUMBER

1768

POST OF DUTY

Las Cruces

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

99443

MODEL

Nissan

RESIDENCE

REG. WORK DAY 8:00 AM THRU 5:00 PM

YEAR

2011

Las Cruces

(RECOUPMENT VOUCHER)

DATE TIME: SHOW AM OR PM

DEPARTURE ARRIVAL

CHARACTER OF EXPENDITURES  
ENTER DESTINATION, NATURE OF OFFICIAL  
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ODOMETER/MAP MILES

ENTER START  
& FINISHNO OF  
MILES

MILEAGE

PER DIEM

AMOUNTS

MISCELLANEOUS

AMOUNTS

10/8/2012 7:00am

Depart Las Cruces to T or C to meet with NMSVH staff  
Overnight.

0.00

0.00

85.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

10/9/2012 10/10/2012 10/11/2012 10/12/2012

Depart T or C to Santa Fe to meet with Secretary Overnight  
Overnight, Santa Fe rates apply\*  
Overnight, Santa Fe rates apply\*  
Depart Santa Fe to Las Cruces, partial day per diem-12.0 hrs

0.00

0.00

135.00

0.00

135.00

0.00

135.00

0.00

135.00

0.00

30.00

0.00

0.00

7:00pm

7:00pm

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

Per Diem is Based on (Check One)

I certify that any payment sought on this voucher does not include  
reimbursement for alcoholic beverage. I further certify that no  
further payment will be sought for the traveling covered by this voucher.

TOTALS

0

0.00

520.00

0.00

520.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

APPROVED RATES

Employee Signature Date

X

Check here if this claim is in compliance with the Nonroutine Reassignment  
provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL.

SECTION 10-8-5 (I), NMSA 1978

Signature

(DOH General Accounting Use Only)

Date

Signature required on overnight lodging exceeding \$215.00 per night.

PAYEE SIGN HERE:

Gayle Nash

DATE:

10-08-2012

I, DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENTS IS JUST AND TRUE IN ALL RESPECTS AND  
COMPLIES WITH THE DFA REGULATION GOVERNING THE PER DIEM AND MILEAGE ACT

Gayle Nash

(TYPE PAYEE NAME)

# New Mexico Department of Health Travel and Training Request Form

|                             |                         |            |            |              |
|-----------------------------|-------------------------|------------|------------|--------------|
| <b>Employee Information</b> | Employee Name:          | Gayle Nash | Position:  | CNO          |
|                             | Department ID and Fund: | 6001001000 | Telephone: | 505-690-1065 |
|                             | Post of Duty:           | Las Cruces | Residence: | Las Cruces   |

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

|                            |  |      |  |        |            |         |
|----------------------------|--|------|--|--------|------------|---------|
| <b>Vehicle Information</b> | <input checked="" type="checkbox"/> Check if state vehicle |      | <input type="checkbox"/> Check if personal vehicle |        | License #: | GS-1768 |
|                            | Year:  | 2011 | Make:  | Nissan | Model:     | Altima  |


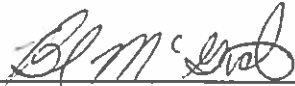
|                                  |   |   |  |  |  |  |
|----------------------------------|---|---|--|--|--|--|
| <b>Trip/Training Information</b> | Please provide agendas, itineraries and any relevant documents.   |   |  |  |  |  |
|                                  | Course Name:  | Meeting with staff at NMSVH in Truth or Consequences and Santa Fe staff |  |  |  |  |
|                                  | <input checked="" type="checkbox"/> Check if training is required |   |  | <input type="checkbox"/> Check if Continuing Education credits will be granted |  |  |

|                           |  |          |              |                         |                                |                         |
|---------------------------|--|----------|--------------|-------------------------|--------------------------------|-------------------------|
| <b>Travel Information</b> | Date of Request:   | 10/05/12 | Destination: | T or C, NM and Santa Fe |                                |                         |
|                           | Departure Date:<br>(month/day/yr)  | 10/08/12 | Time:        | 07:00 AM                | Return Date:<br>(month/day/yr) | 10/12/12 Time: 07:00 PM |
|                           | <input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By: |          |              |                         |                                |                         |

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

|   |         |                                 |                         |           |
|---|---------|---------------------------------|-------------------------|-----------|
| 546700: Subscription/Annual Dues          |         | 542100: In-State Mileage:       | @ .41 per mile          | \$ 0.00   |
| 546800: Registration – Employee           |         | 542200: In-State Per Diem:      | 1 @ \$85/day            | \$ 85.00  |
| 546800: Registration – Vendor             |         | Santa Fe Only:                  | 3 @ \$135/day           | \$ 405.00 |
| 549600: Airline Cost – Vendor             |         | 549700: Out-of-State Per Diem:  | @ \$115/day             | \$ 0.00   |
| Airline Cost – Employee                   |         | Actuals:                        | @ /day                  | \$ 0.00   |
| Baggage Fee                               |         | With meals:                     | @ \$45/day              | \$ 0.00   |
| Shuttle Fee                               |         | Partial day:                    | @ \$12/2-6 hrs          | \$ 0.00   |
| Taxi Fee                                  |         | Partial day:                    | @ \$20/6-12 hrs         | \$ 0.00   |
| Parking Fee                               |         | Partial day:                    | 1 @ \$30/12 or more hrs | \$ 30.00  |
| Mileage @ .41 per mile                    | \$ 0.00 | Total reimbursement to employee |                         | \$ 520.00 |
| Miscellaneous Expense: days @ \$6 per day | \$ 0.00 | Total cost of trip              |                         | \$ 520.00 |
| Car Rental: days @ per day                | \$ 0.00 |                                 |                         |           |

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

|   |                    |   |                  |
|---|--------------------|---|------------------|
| <br>Employee Signature | 10-18-2012<br>Date | <br>Supervisor/Bureau Chief Signature | 10/18/12<br>Date |
|---|--------------------|---|------------------|

|   |      |  |
|---|------|--|
| Division Director/Hospital Administrator<br>(As per specific division requirements) | Date | Cabinet Secretary Signature<br>(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) |
|---|------|--|